



The Commonwealth of Massachusetts

Division of Professional Licensure

BOARD OF REGISTRATION OF
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY
239 CAUSEWAY STREET
BOSTON, MA 02114
(617) 727-3071

WWW.MASS.GOV/DPL/BOARDS/SP

FORM 1- SUPERVISED PROFESSIONAL PRACTICE PLAN – AUDIOLOGY

- Instructions:**
- Form 1 must be submitted to the Board within 30 days of beginning the Professional Practice.
 - Type or Print in ink.
 - Please read carefully before completing.
 - Answer all questions. Write "NOT APPLICABLE" if no other response is appropriate.
 - Use additional pages if necessary.
 - If your supervisor changes, please submit a Form 2 to complete that portion of the Supervised Practice year. Also, you must remit a new Form 1 and Form 2 for each new supervisor.

1. Audiology Applicant: If name has been altered since application submission, **Name on Application:** _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street)

(City) (State) (Zip)

Phone: () _____ () _____
(Home) (Other)

2. Professional Practice Site Information:

Site: _____
(Company Name) (Division/Department)

Address: _____
(Number) (Street)

(City) (State) (Zip)

Beginning Date: _____ **Ending Date:** _____ **Hours per Week:** _____
(MM/DD/YYYY) (MM/DD/YYYY)

3. Supervisor Information:

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street)

(City) (State) (Zip)

Phone: () _____ () _____
(Business) (Other)

4. Supervisor's Current Licensure Status:

Massachusetts License#: _____ Expiration Date: _____

Other State (Specify): _____ License Number: _____ Expiration Date: _____

5. Supervisor's Professional Certification(s):

ASHA/CCC-A Certification Number: _____ Expiration Date: _____

AAA/ABA Certification Number: _____ Expiration Date: _____

6. Audiology Applicant's Certification Track: Please choose which Professional Organization Standards you will be following:

<input type="checkbox"/>	American Speech-Language-Hearing Association: The current ASHA Standards and Implementation Procedures for a Certificate of Clinical Competence in Audiology. www.asha.org
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<input type="checkbox"/>	American Board of Audiology: The current requirements for Board Certification in Audiology by the American Board of Audiology. www.americanboardofaudiology.org
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To be licensed as an Audiologist, an applicant must be of good moral character and meet the educational, clinical, supervised professional practice, and examination requirements specified in the applicant's chosen professional organization standards. Although standards created by professional organizations are referenced by the Board, the Board does not require that licensees obtain or maintain membership in said organizations. However, membership/certification of the supervisor may be required if the applicant seeks membership/certification in the chosen professional organization. Please contact the professional organizations for more information.

7. Statement of the Applicant:

I HAVE DISCUSSED THE PLAN FOR SUPERVISION WITH THE PERSON NAMED AS SUPERVISOR AND AGREE TO ITS IMPLEMENTATION.

(Applicant's Signature)

(Date)

8. Statement of Supervisor:

I HEARBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN RELATION TO THIS PLAN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I FURTHER CERTIFY THAT I UNDERSTAND THE RESPONSIBILITIES OF A SUPERVISOR AS STATED IN THE RULES AND REGULATIONS OF THE MASSACHUSETTS BOARD OF REGISTRATION FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY. (TITLE 260 OF THE CODE OF MASSACHUSETTS REGULATIONS)

(Supervisor's Signature)

(Date)

Mail ORIGINALS to the Board and maintaining a copy for your files.

Board of Speech-Language Pathology and Audiology, 239 Causeway St., Boston, MA 02114

Updated October 16, 2008